Item 21F Film G150 1-30-53 ams

MARYLAND STATE DEPARTMENT OF HEALTH

14782

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 142

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: Prince George's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Largo
LENGTH OF STAY (In this place): 15 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Landover RR#1

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Largo
STREET ADDRESS (If rural, give location): Landover R.R. # 1

3. NAME OF DECEASED (Type or Print): (First) Ethel (Middle) May (Last) Armstrong

4. DATE OF DEATH: (Month) December (Day) 27 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: 4/2/12

9. AGE last birthday: 40 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Johnson

14. MOTHER'S MAIDEN NAME: Edith Allen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Harry Armstrong , Same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

E 977.8

Immediate cause (a): Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Acute toxemia, toxic substance as yet undertermined

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home — (CITY OR TOWN): Largo — (COUNTY): P. G. — (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 12 27 52 6:30 PM — INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Took poison - Atropine sulphate

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE: James A. Floyd — (Degree or title): M. D. — ADDRESS: Forestville, Md. — DATE SIGNED: 12/28/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 12/30/52 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Suitland Md.

DATE RECD BY LOCAL REG.: Dec 29 — REGISTRAR'S SIGNATURE: Amanda Mooney — 24. FUNERAL DIRECTOR: F. W. Lee Sons — ADDRESS: 3004 4th N.E. Washington D.C.

52 Carrie F. Campbell.

Kind of person?

BUREAU V
FBI
NYC

14783

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 141

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges / MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4726 Huron Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Suitland
STREET ADDRESS (If rural, give location) 4726 Huron Street

3. NAME OF DECEASED (Type or Print): (First) Thomas (Middle) Allen (Last) Austin

4. DATE OF DEATH: (Month) 12 (Day) 15 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

8. DATE OF BIRTH: 6-25-52

9. AGE last birthday: yrs. | If under 1 year: Months 5, Days 25 | If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): D.C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Harry Rowlin

14. MOTHER'S MAIDEN NAME: Her Wife

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: R. Austin, [illegible] address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Smothering in bed	
	(c)	

E92.0

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): Home (CITY OR TOWN): Suitland (COUNTY): P. G. (STATE): Md.

TIME OF INJURY (Month) 12 (Day) 15 (Year) 52 (Hour) A m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Smothered in bassinette by a pillow

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☑, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James D. Boyd (Degree or title) M.D. ADDRESS: Forestville Md. DATE SIGNED: 12-15-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 12-18-52 | NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery | LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REG. Dec 16-1952 | REGISTRAR'S SIGNATURE: Edna L. Gillis

24. FUNERAL DIRECTOR: J. Wm. Lee Sons Co. ADDRESS: 300-4th St. S.W. Washington D.C.

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RECEIVED
DEC 19 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14784 732

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AL 8-51

1. PLACE OF DEATH:
COUNTY: Pr. Geo's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mitchellville
LENGTH OF STAY (in this place): 27 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Pr. Geo's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mitchellville
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED: (First) Herbert (Middle) Clarence (Last) Beall

4. DATE OF DEATH: (Month) 12 (Day) 5 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug. 20, 1890

9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tobacco Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Beall

14. MOTHER'S MAIDEN NAME: Alice Devaughn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Clyde Beall (son) Mitchellville, Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: 3 hrs

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerosis — 10 yrs

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis — 5 yrs

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): No — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 1, 19 52 to Dec 5 19 52, that I last saw the deceased alive on Dec 3, 19 52, and that death occurred at 6:40 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS: James E. Jansen M.D. — Upper Marlboro, Md — DATE SIGNED: 12-6-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12/8/52 — NAME OF CEMETERY OR CREMATORY: Mt. Oak — LOCATION (City, town, or county) (State): Mitchellville, Md

DATE REC'D BY LOCAL REG.: Dec 7, 1952 — REGISTRAR'S SIGNATURE: John F Danner.

24. FUNERAL DIRECTOR ADDRESS: Ritchie Brothers Upper Marlboro, Md.

RECEIVED
DEC 9 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

14785

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
LENGTH OF STAY (In this place) 29 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4108 Emerson Street,.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Hyattsville Md
STREET ADDRESS (If rural give location) 4108 Emerson Street,.

3. NAME OF DECEASED: (Type or Print) (First) Gustaveous (Middle) Adolphus (Last) Bealor Sr.

4. DATE OF DEATH: (Month) (Day) (Year) Dec 13, 1952

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: March 4, 1874

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Insurance Broker

10b. KIND OF BUSINESS OR INDUSTRY: Mass. Casualty Company

11. BIRTHPLACE (State or foreign country): Gordonsville Virginia.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Benjamin Bealor

14. MOTHER'S MAIDEN NAME: Catherine Wybie

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) none

16. SOCIAL SECURITY NO.: 578 46 6172

17. INFORMANT & ADDRESS: Gustaveous A Bealor Jr Riverdale Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: Sudden

420.1 Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Arterio Sclerosis — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 19[illegible] to 12-13, 1952, that I last saw the deceased alive on 12-1, 1952, and that death occurred at 2 P.M., from the causes and on the date stated above.

SIGNATURE Leonard Hay (Degree or title) ADDRESS Hyattsville Md DATE SIGNED 12-15-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 16, 1952 — NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery — LOCATION (City, town, or county) (State) Washington D C

DATE REC'D BY LOCAL REGISTRAR Dec 16 1952 — REGISTRAR'S SIGNATURE James Devers

24. FUNERAL DIRECTOR F. Gasch's Sons ADDRESS Hyattsville Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A 16

RECEIVED
DEC 18 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 14786

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 221

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn — LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walkins Farm - Cherry Hill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 7050 Carroll Ave

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) Franklin (Last) Benjamin
4. DATE OF DEATH: (Month) 12 (Day) 15 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.
8. DATE OF BIRTH: 4-19-1879
9. AGE last birthday: 73 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Ireland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: unknown
14. MOTHER'S MAIDEN NAME: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Son - Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

E976+

Immediate cause (a) Hemorrhage & Shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gunshot wound of head.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Farm (CITY OR TOWN) Berwyn (COUNTY) Pr. Geo. (STATE) Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 12-15-52 A m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Self inflicted gunshot wound of head.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney M.D. Dep. Med. Exam. Cheverly, Md Dec. 16-1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 18 Dec 1952 | NAME OF CEMETERY OR CREMATORY Pt. Lookout Memorial Park | LOCATION (City, town, or county) Berwyn (State) Md

DATE REC'D BY LOCAL REG. 12-18-52 | REGISTRAR'S SIGNATURE Amanda Young | 24. FUNERAL DIRECTOR J. Marsh Sons ADDRESS Hyattsville, Md.

Mr John Smith

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. ATRA

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John Smith
Beltsville Md.

RECEIVED
DEC 2 1 1927
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11787

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH — COUNTY: Prince George's — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: District Height — LENGTH OF STAY (in this place): 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7120 Cabot Street

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: District Heights
STREET ADDRESS (If rural, give location): 7120 Cabot Street

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) Geraldine (Last) Bonifase

4. DATE OF DEATH: (Month) 12 (Day) 22 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: Nov 28 1890 | 9. AGE last birthday: 62 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Charleston S.C. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Madden | 14. MOTHER'S MAIDEN NAME: Hannah Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: James Bonifase 7203 Central Parkway District Heights

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442x

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐ Inquiry ☑ therean and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James F Bonifase (Degree or title): M.D. ADDRESS: Forestville Md DATE SIGNED: 12-22-52

23. BURIAL, CREMATION REMOVAL (Specify): Removal | DATE THEREOF: 12/24/52 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State): Charleston, S. Car.

DATE REC'D BY LOCAL REG.: Dec 23 52 | REGISTRAR'S SIGNATURE: Edna [illegible] | 24. FUNERAL DIRECTOR: Ryan Inc. | ADDRESS: 317 Penna. Ave. S.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 14788

CERTIFICATE OF DEATH

Reg. Dist. No. 345

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 8 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) Rt 2 Box 237

3. NAME OF DECEASED: (Type or Print) (First) Nettie (Middle) (Last) Boswell

4. DATE OF DEATH: (Month) 12 (Day) 11 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~, (Specify): widow

8. DATE OF BIRTH: June 1 1876

9. AGE last birthday: 76 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Landon

14. MOTHER'S MAIDEN NAME: Elizabeth Chaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: no

17. INFORMANT'S ADDRESS: Mrs Rose Wrist, Rt 2 Box 237 Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Congestive Heart failure — Interval Between Onset And Death: 3 mo

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO arteriosclerotic Heart Dis. 10 yrs
(c) DUE TO General arteriosclerosis 10 yrs

420 D

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 3 1952 to Dec 11, 1952, that I last saw the deceased alive on Dec 10, 1952, and that death occurred at 5:55 am, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
L W Malan MD Riverdale, Md 12-11-52.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 12/13/52 NAME OF CEMETERY OR CREMATORY Amy Hill Cemetery LOCATION (City, town, or county) Laurel, Maryland (State)

DATE REC'D BY LOCAL REGISTRAR Dec 13-52 REGISTRAR'S SIGNATURE James Sevens

24. FUNERAL DIRECTOR ADDRESS W. H. Donaldson, Laurel Md

Dec 16-52

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

14789

V37

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodyard — LENGTH OF STAY (In this place) 5 yrs — HOSPITAL OR INSTITUTION OR STREET ADDRESS C. W. Stewart Farm

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G. — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodyard — STREET ADDRESS (If rural, give location) C. W. Stewarts Farm

3. NAME OF DECEASED (Type or Print): (First) James (Middle) Robert (Last) Bowles

4. DATE OF DEATH: (Month) 12 (Day) 19 (Year) 1952

5. SEX male — 6. COLOR OR RACE Colored — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower — 8. DATE OF BIRTH Dec 4 1883 — 9. AGE last birthday 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Servant — 10b. KIND OF BUSINESS OR INDUSTRY Farmer — 11. BIRTHPLACE (State or foreign country) Virginia — 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Unknown — 14. MOTHER'S MAIDEN NAME Jennie Bowles

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT AND ADDRESS Lona E. Mallory, Upper Marlboro

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE James L. Bond (Degree or title) M.D. — ADDRESS Forestville — DATE SIGNED 12-19-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec 22 1952 — NAME OF CEMETERY OR CREMATORY Mt Zion Church Cemetery Near Leesburg — LOCATION (City, town, or county) (State) Va

DATE REC'D BY LOCAL REG. Dec 19 1952 — REGISTRAR'S SIGNATURE John F. Darner — 24. FUNERAL DIRECTOR Joshua E. Johnson — ADDRESS 2053 G. Ave N.W. Washington

14790

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel R.F.D. — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel R.F.D.
STREET ADDRESS (If rural, give location) Brookeville Bridge Road

3. NAME OF DECEASED (Type or Print): (First) Edward (Middle) Karl (Last) Bretschneider
4. DATE OF BIRTH: (Month) Dec (Day) 4 (Year) 1952

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 23 1884
9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Boiler Maker
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Augusta Bretschneider
14. MOTHER'S MAIDEN NAME: Johanne E. Lieberwitch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Helene Bretschneider

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage. — 17/12/52

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertension - arteriosclerosis — 2 yrs +

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 17/2, 1952, to 17/4, 1952, that I last saw the deceased alive on 17/4, 1952, and that death occurred at 8.30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): D.B. Simmons — ADDRESS: 314 Compiman Laurel Md — DATE SIGNED: 17/12/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Dec 7 1952 — NAME OF CEMETERY OR CREMATORY: Ivy Hill — LOCATION (City, town, or county) (State): Laurel Md

DATE REC'D BY LOCAL REG.: 1206-52 — REGISTRAR'S SIGNATURE: M. Brashears

24. FUNERAL DIRECTOR — ADDRESS: Ridgley Kelly 401 Main ave Laurel Md

DEC
BUREAU U. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1791

CERTIFICATE OF DEATH

Reg. Dist. No. 345

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Riverdale Md.
LENGTH OF STAY (in this place) 11-30 to 12-31-52
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital 4408 Queensbury Rd. Riverdale

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park Md.
STREET ADDRESS (If rural, give location) 6705 Baltimore Ave.

3. NAME OF DECEASED: (Type or Print) (First) Agnes (Middle) Ethel (Last) Brown

4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 1952

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 3/18/1898

9. AGE last birthday: 54 yrs. IF UNDER 1 YEAR Months 9 Days 13 IF UNDER 24 HRS Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): WASH. D. C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: JOHN EDW. BROWN

14. MOTHER'S MAIDEN NAME: JANE SEILZINGER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT & ADDRESS: CHAS. F. BROWN - 714 - 19th St. N.W. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carcinoma of Left Breast — Interval Between Onset and Death: 6 Mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b) with Metastases to Spine.
DUE TO (c)

170.1

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-5-52

19b. MAJOR FINDINGS OF OPERATION: Scirrhus Carcinoma of Breast

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 30, 1952, to Dec 31, 1952, that I last saw the deceased alive on Dec 31, 1952 and that death occurred at 3 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) L. W. Mahoney M.D. ADDRESS Riverdale Md. DATE SIGNED 12-31-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 1-3-53 — NAME OF CEMETERY OR CREMATORY Holy Rood Cem. — LOCATION (City, town, or county) (State) Washington, D.C.

DATE REC'D BY LOCAL REG. Jan. 1, 1953 — REGISTRAR'S SIGNATURE James Devoy

24. FUNERAL DIRECTOR A. R. Chambers — ADDRESS Riverdale, Md.

VS-A15 (Rev. 8-51)

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1792

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

COUNTY Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN) Glenn Dale (rural)

LENGTH OF STAY (in this place) 1 mo, & 18 days.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D. C. COUNTY —

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 3724 Windon Pl., N. W.

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month)	(Day)	(Year)
M	EDWARD	BUCKLEY	Dec	18th	1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	9/6/02	50 yrs.	—	—	—	—

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Attorney	Self-employed	Washington, D. C.	USA

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Michael E. Buckley	Julia Niland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No —	None	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Tuberculous Meningitis	2 mos
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Miliary Tuberculosis	13 mos
DUE TO		
	(c) Pulmonary Tuberculosis	13 mos

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from Oct. 30th, 1952, to Dec. 18th, 1952, that I last saw the deceased alive on Dec. 18th, 1952, and that death occurred at 5:15 ?.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Daniel Leo Finucane M.D. Glenn Dale Sanatorium Glenn Dale, Md. 12/18/52

BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY, OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/22/52	Mt Olivet	Wash D.C.

DATE REC'D. BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/19/52	Abel Wenz	P. J. Safell	475 N St. N.W. Wash. D.C.

VS.-A15 8-51

DEC
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14793

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

1. PLACE OF DEATH:

COUNTY Prince Georges — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale, (rural)

LENGTH OF STAY (In this place) 5 months & 28 days

HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. COUNTY —

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington

STREET ADDRESS (If rural, give location) 619 New Jersey Ave., N. W. ✓

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
William E Burns	12 11 1952.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	NEGRO	SEPARATED	3/17/1916.	36. yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor	Unknown	Raleigh, N. Carolina	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Nicholas Burns	Marion Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
No —	578-40-8453	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Pulmonary Tuberculosis	3 yrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c)	

OUT

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/13, 1952, to 12/11, 1952, that I last saw the deceased alive on 12/11, 1952, and that death occurred at 7:00 P m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M.D.	Glenn Dale Sanatorium Glenn Dale, Maryland	12/11/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	12/15/52	District of Columbia Morgue	Washington D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/12/52	[signature]	Daniel Leo Finucane M.D.	Glenn Dale Sanatorium

MARYLAND STATE DEPARTMENT OF HEALTH

14794

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant — LENGTH OF STAY (in this place) 4yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7219 - Central Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY PG
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 7219 - Central Ave

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Isaac (Last) Chapman Jr.

4. DATE OF DEATH: (Month) Dec. (Day) 30 (Year) 19[illegible]

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: Mar 31, 1952

9. AGE last birthday: yrs. 7 — If under 1 year: Months 9 | Days 30 — If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Isaac Chapman Sr.

14. MOTHER'S MAIDEN NAME: Hattie Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: William I. Chapman Son add

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchopneumonia

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James J. Boyd (Degree or title) M.D. ADDRESS: Freakville Md DATE SIGNED: 12/30/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 1-2-1953 | NAME OF CEMETERY OR CREMATORY Ridley Cemetery | LOCATION (City, town, or county) Landover (State) Maryland

DATE REC'D BY LOCAL REG. Dec. 30 '52 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR Henry S. Washington ADDRESS 467 N'st N.W. N.C.

9V5299V99V

VS A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

12795

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN) Cheverly, Maryland
LENGTH OF STAY (in this place) 2½ months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY P. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Aquasco, Maryland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Dorothy (Middle) (Last) Cheeley

4. DATE OF DEATH: (Month) Dec. (Day) 19, (Year) 19 52

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Dec. 28, 1934

9. AGE last Birthday: 17 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Woodyard Md

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lawrence Young

14. MOTHER'S MAIDEN NAME: Inez Cheeley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: NK

17. INFORMANT & ADDRESS: Lawrence Young Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

Immediate cause (a) Generalized Carcinomatosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Adenocarcinoma of Rectum.

DUE TO

(c)

Interval Between Onset And Death
(a) 6 mons.
(b) 9 mons.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: June 1952

19b. MAJOR FINDINGS OF OPERATION: Cancer of Rectum & metastasis

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/27 ..., 1952, to 12-19 ..., 1952, that I last saw the deceased alive on ..., 19..., and that death occurred at 7:15 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) William B. Hagan, M.D. ADDRESS 3306 R.I. Ave. Mt Rainier DATE SIGNED 12/20/52

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF Dec 23-52 NAME OF CEMETERY OR CREMATORY John Wesley LOCATION (City, town, or county) Aquasco (State) Md

DATE REC'D BY LOCAL REGISTRAR 12/21/52

REGISTRAR'S SIGNATURE Julia F. Baker
Amanda Downey D

24. FUNERAL DIRECTOR Hemler & Brady by Waldorf Md ADDRESS

RECEIVED

BOARD V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1196

Reg. Dist. No. 745

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chillum
LENGTH OF STAY (in this place) 13 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 817 Chillum Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chillum
STREET ADDRESS (If rural, give location) 817 Chillum Road

3. NAME OF DECEASED (Type or Print): (First) OSCAR (Middle) M (Last) CLARKE
4. DATE OF DEATH (Month) (Day) (Year): December 22nd, 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 3-27-1875
9. AGE last birthday: 77 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Stone & Webster
11. BIRTHPLACE (State or foreign country): New Orleans, La.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Robert Clarke
14. MOTHER'S MAIDEN NAME: Emogene
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT AND ADDRESS: Mrs. Fannie Clarke, 817 Chillum Rd., Chillum, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardial Insufficiency — 4 weeks

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 5 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/2, 1950, to 12/22, 1952 that I last saw the deceased alive on 12/22, 1952, and that death occurred at 605 m., from the causes and on the date stated above.

SIGNATURE: C O Leonard M.D. (Degree or title) ADDRESS 5801-13th St Hyattsville DATE SIGNED 12/22/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF 12/24/52 | NAME OF CEMETERY OR CREMATORY Washington Park. | LOCATION (City, town, or county) (State) Hyattsville, Md.

DATE REC'D BY LOCAL REG. Dec 22 1952 | REGISTRAR'S SIGNATURE James Devey

24. FUNERAL DIRECTOR: N.W. Chambers Co. ADDRESS Riverdale, Md.

DEC 29

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14797

CERTIFICATE OF DEATH

Reg. Dist. No. 240

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brandywine; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) William; (Middle) Walter; (Last) Dent

4. DATE OF DEATH: (Month) Dec; (Day) 12; (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify) M.

8. DATE OF BIRTH: 12-12-79 ✓

9. AGE last birthday: 72 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Brandywine Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Dent

14. MOTHER'S MAIDEN NAME: Maria Dent

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO; (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Florence Dent, Brandywine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial Infarction — Interval Between Onset and Death: 1 hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 11, 1952, to Dec. 12, 1952, that I last saw the deceased alive on Dec 11, 1952, and that death occurred at 4 P. m., from the causes and on the date stated above.

SIGNATURE: Lucie Hay Burton (Degree or title) MD ADDRESS: Aquasco, Md DATE SIGNED: 12/12/52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal D.C. | DATE 12-12-52 | NAME OF CEMETERY OR CREMATORY Asbury | LOCATION (City, town, or county) (State) Brandywine Md

DATE REC'D BY LOCAL REG. 12/17/52 | REGISTRAR'S SIGNATURE Wm. Hodges Billingsley

24. FUNERAL DIRECTOR: W. Ernest Jarvis Co. ADDRESS: 1432-U. St. N.W. Washington D.C.

VS. A-5 T

— copy sent CHO

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 232

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Pr. Geo — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Mitchellville
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Pr. Geo
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mitchellville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Bernard (Middle) Reginald (Last) Duley

4. DATE OF DEATH: (Month) 12 (Day) 30 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 29, 1878

9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Passenger Conductor

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W. W. Duley

14. MOTHER'S MAIDEN NAME: Mary Anette Taylor

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Mrs. Susan Irene Duley (Wife) Mitchellville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

59+

		Interval Between Onset and Death
Immediate cause	(a) Cardiac decompensation	2 hrs
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Hypertensive CVR disease	8 yrs.
DUE TO		
	(c) Chr nephritis	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Renal calculi, diaphragmatic Hernia — 5 yr.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov., 1952, to 30 Dec., 1952, that I last saw the deceased alive on 30 Dec., 1952, and that death occurred at 11.05 P. m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

R B Danner — MD — Upper Marlboro, Md — 12-31-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF 1/2/53

NAME OF CEMETERY OR CREMATORY Loudon Park

LOCATION (City, town, or county) (State) Baltimore Md.

DATE REC'D BY LOCAL REG. Dec 31 1952

REGISTRAR'S SIGNATURE John F Danner

24. FUNERAL DIRECTOR ADDRESS Ritchie Bros. Upper Marlboro, Md.

14799

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park — LENGTH OF STAY (In this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6800 - 10th Ave -

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland - COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Takoma Park
STREET ADDRESS (If rural, give location) 6800 - 10th Ave.

3. NAME OF DECEASED (Type or Print): (First) Emmet — (Middle) Pearle — (Last) Easter

4. DATE OF DEATH: (Month) 12 — (Day) 13 — (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 5-9-26

9. AGE last birthday: 26 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Comptometer operator

10b. KIND OF BUSINESS OR INDUSTRY: Ford.

11. BIRTHPLACE (State or foreign country): S. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Luther Cockrell Pearle

14. MOTHER'S MAIDEN NAME: Brownlee N. Neely

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Edgar F. Russell - 2900 - 2nd St. N.W. D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carbon monoxide poisoning

(c) Inhalation of smoke

91.0

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes X No ☐

21. EXTERNAL CAUSE WAS PRIMARY X OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home | (CITY OR TOWN) Takoma Park - (COUNTY) Pr. Geo - (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 12-13-52-1 A m. | INJURY OCCURRED While at work ☐ Not while at work X | HOW DID INJURY OCCUR? Conflagration in home

22. *I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry X thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident X, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney M.D. Dep. Med. Exam. Hyattsville Md. 12-13-52

23. BURIAL, CREMATION, REMOVAL (Specify): Removal | DATE THEREOF: 12-13-52 | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 12/13/52 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR: Joseph Gawler's Sons | ADDRESS: 1756 Pa Ave N.W. Washington D.C.

12/17/52 James Sevas

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14800239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 (Rev. 1951)

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Laurel
LENGTH OF STAY (In this place) 64 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1011 Montgomery St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 1011 Montgomery St.

3. NAME OF DECEASED: (Type or Print) (First) Emma (Middle) Arlene (Last) Farrell

4. DATE OF DEATH: (Month) December (Day) 26 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: January 17 1869

9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Scaggsville Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert W. Scaggs

14. MOTHER'S MAIDEN NAME: Annie Peters

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT & ADDRESS: Mrs Ida Simmons 1002 Montgomery St Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Coronary Thrombosis	24 hrs.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Pulm. Infarction	35 days
DUE TO		
	(c) Phlebitis	38 days

#64x

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11/20, 19 52, to 12/26, 19 52, that I last saw the deceased alive on 12/26, 19 52, and that death occurred at 9 a.m., from the causes and on the date stated above.

SIGNATURE B. P. Warren (DEGREE OR TITLE) MD ADDRESS Laurel Md DATE SIGNED 12/26/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Dec 28, 1952 — NAME OF CEMETERY OR CREMATORY Ivy Hill Cemetery — LOCATION (City, town, or county) (State) Laurel, Maryland

DATE REC'D BY LOCAL REG. 12-28-52 — REGISTRAR'S SIGNATURE M. Brashears Reg — **24. FUNERAL DIRECTOR** DeWitt Donaldson — ADDRESS Laurel Md.

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14801 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural give location) 6800 Greig St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Fiscus

4. DATE OF DEATH: (Month) Dec. (Day) 4 (Year) 1952

5. SEX: MALE ~~Female~~

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: April 23-1912

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Cab driver

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Hemorrhage + Shock — Interval Between Onset And Death: 12 Hrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Ruptured Esophageal Varix — 12 Hrs
DUE TO (c) Cirrhosis of Liver — 2 Yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 10, 1952, to Dec 4, 1952, that I last saw the deceased alive on Dec 4, 1952, and that death occurred at 9:40 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
W. Suit Ritchie M.D. 7005 Ritchie Road S.E. Wash 27 D.C.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/8/52 — NAME OF CEMETERY OR CREMATORY Ft. Hill Memorial — LOCATION (City, town, or county) Upland (State) Md.

DATE REC'D BY LOCAL REGISTRAR 12/5/52 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR ADDRESS Martin H. Hyson Co. 1300 N. St N.W. Washington D.C.

12/4/52

Permission to sign certificate given by Coroner.

W Smith Ritchie M.D.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11802

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH:
COUNTY Prince Georges Co. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier
STREET ADDRESS (If rural, give location) 3812 - 32nd. St.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)
MARY HOOKE Forbes	Dec. 7 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS Hours / Min.
Female	White	Widowed	3-10-1866	86 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife	own Home	Chattanooga Tenn.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Reesen L. Hooke	Mary Elizabeth Walker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS:
no no	no	Mrs Mary F. Smith Mt. Rainier Md. 3812-32 nd St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
332.X Immediate cause	(a) Cerebral Thrombosis	1 day
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	
	DUE TO (c) Senility with generalized Debility	1 year

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from July 15, 1952 to 12-7, 1952, that I last saw the deceased alive on 12-6, 1952, and that death occurred at 1:55 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
W Bruce Jones	M D	Mt. Rainier Md	12-7-52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-8-1952	Oak Hill Cemetery	Birmingham Ala.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 7, 1952	James Dewey	The S. H. Hines Co.	2901-14 Washington 9 D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

1-803

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2-1

3481

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (In this place) 2 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington, D.C.
STREET ADDRESS (If rural, give location) 5314 - 23rd St. N.E.

3. NAME OF DECEASED (Type or Print): (First) Julia (Middle) [illegible] (Last) Green

4. DATE OF DEATH: (Month) Dec (Day) 13 (Year) 195[illegible]

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 3-28-22

9. AGE Last birthday: 30 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Nursing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Richard R. Marshall

14. MOTHER'S MAIDEN NAME: Maud Hawkins

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Walter - Forestville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Hemorrhage + shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Crushed Chest

(c) Automobile accident

Ed. 1-4

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street

(CITY OR TOWN) Upper Marlboro — (COUNTY) Pr Geo - (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 12-13-52 A m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Collision Jeep with tel. pole

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Malone M.D. Dep. Med. Exam. Hyattsville Md 12-13-52

23. BURIAL, CREMATION REMOVAL (Specify) Removal — DATE THEREOF 13 Dec 52 — NAME OF CEMETERY OR CREMATORY J.J. Stewart Funeral Home — LOCATION (City, town, or county) Wash. — (State) D.C.

DATE REC'D BY LOCAL REG. 12/13/52 — REGISTRAR'S SIGNATURE Amanda [illegible]

24. FUNERAL DIRECTOR — ADDRESS

J.J. Stewart Jr.
Or 30 N. St. N.E.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 15042

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cheverly Md. | LENGTH OF STAY (in this place) 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Greenbelt, Maryland
STREET ADDRESS (If rural give location) 62 - 5 Platts Place

3. NAME OF DECEASED: (Type or Print) (First) Beverly (Middle) (Last) GUCZ Gucz

4. DATE OF DEATH: (Month) Dec. (Day) 22, (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: June 15, 1920

9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Shapiro

14. MOTHER'S MAIDEN NAME: Bessie Lehman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Husband - Gerald Gucz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

674x

Immediate cause (a) Shock DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Cervical Incerat:on c extension into broad DUE TO

(c) ligament. Term Pregnancy c face presentation

Interval Between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May ....., 1952, to Dec. 22, 1952, that I last saw the deceased alive on Dec. 22, 1952, and that death occurred at 11:25 A.M. from the causes and on the date stated above.

SIGNATURE Francis Warren (Degree or title) M.D. ADDRESS 2015 R St. N.W. DATE SIGNED 12/22/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12-24-52 | NAME OF CEMETERY OR CREMATORY Mount Hebron Cem. | LOCATION (City, town, or county) Nassau (State) N.Y.

DATE REC'D BY LOCAL REGISTRAR 12-22-52 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR By Hamyanoker & Son ADDRESS 5501-14 Ave 5/24/24

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1804

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Forestville, Maryland
LENGTH OF STAY (in this place) 17 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Upper Marlboro, Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Linda (Middle) Mae (Last) Harrison
4. DATE OF DEATH: (Month) Dec. (Day) 15, (Year) 19 52
5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Aug. 10 52
9. AGE last birthday: yrs. 3 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Upper Marlboro
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Leroy Butler
14. MOTHER'S MAIDEN NAME: Christine Harrison

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Christine Harrison, upper marlboro

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Internal Hydrocephalus — Interval Between Onset And Death: Congenital

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) DUE TO
(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 30, 1952, to Dec. 15, 1952, that I last saw the deceased alive on Nov. 15, 1952, and that death occurred at 6:20 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) John W. Perkins, M.D. ADDRESS 5301 Hamilton St. Hyatts. Md. DATE SIGNED 12-15-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec. 18/52
NAME OF CEMETERY OR CREMATORY Int Calvert
LOCATION (City, town, or county) Upper Marlboro (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec. 17, 1952
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR J B Johnson ADDRESS Annapolis

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1305

CERTIFICATE OF DEATH

Reg. Dist. No. 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15 8-51

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Landover Hills
LENGTH OF STAY (in this place) 4 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4803 - 66 Place

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Landover Hills
STREET ADDRESS (If rural, give location) 4803 - 66 Place

3. NAME OF DECEASED: (Type or Print) (First) HARLEY (Middle) W. (Last) HARVEY

4. DATE OF DEATH: (Month) Dec (Day) 5 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH? 7/12/1892

9. AGE last birthday: 60 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic

10b. KIND OF BUSINESS OR INDUSTRY: Paper Mill

11. BIRTHPLACE (State or foreign country): West Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W. H. Harvey

14. MOTHER'S MAIDEN NAME: Rose Brady

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 216-05-6167

17. INFORMANT & ADDRESS: Mrs Robert Haselberger Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Uremia, Congestive Failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Glomerulo nephritis chronic	6 months
	DUE TO (c) Hypertension	4 months

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-23, 19 52, to 12-6, 19 52, that I last saw the deceased alive on 12-6, 19 52, and that death occurred at 1 15 A m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Donald Hagaman M.D. 3717-38th Ave Brentwood Md 12/6/52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Interment 12/6/52 Piedmont West Va

DATE REC'D BY LOCAL REG. 12-6-52 | REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR Gladstone's ADDRESS Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH

11806

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
LENGTH OF STAY (In this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5814 Second

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
STREET ADDRESS (If rural, give location) 5814 Second

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Eleanor (Last) Herbert

4. DATE OF DEATH: (Month) 12 (Day) 26 (Year) 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 9/20/25

9. AGE Last birthday: 27 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk

10b. KIND OF BUSINESS OR INDUSTRY: Office

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clarence R. Herbert

14. MOTHER'S MAIDEN NAME: Cora Lucille Russell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Clarence R. Herbert Jr., same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cardiac compression

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Intra pericardial rupture of the aorta

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James D. Boyd (Degree or title) M. D. ADDRESS: Forestville, Md. DATE SIGNED: 12/26/52

23. BURIAL, CREMATION OR REMOVAL (Specify): Removal | DATE THEREOF: 12-28-52 | NAME OF CEMETERY OR CREMATORY: Friendship Hts | LOCATION (City, town, or county) (State): Washington D. C.

DATE REC'D BY LOCAL REG.: DEC 26 '52 | REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR: J. Wm. Lee's Sons Co | ADDRESS: 3000 - 4th St NE.

Film B150 - Item #9
1/9/53, mnk

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14807

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH:
COUNTY: Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 2601 Cheverly Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
STREET ADDRESS (If rural give location): 103 Kentucky Ave. S.E.

3. NAME OF DECEASED: (First) Marjorie (Middle) (Last) Holland
4. DATE OF DEATH: (Month) 12 (Day) 30 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: May 21, 1911
9. AGE last birthday: 41 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): saleswoman
10b. KIND OF BUSINESS OR INDUSTRY: Dime Store
11. BIRTHPLACE (State or foreign country): London, England
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frank E. Holland
14. MOTHER'S MAIDEN NAME: Isabel Ronaldson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT & ADDRESS: Patient

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

15/X

Immediate cause (a) Carcinoma pancreas

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) None

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 3-20-52; 3-17-52; 10-24-52
19b. MAJOR FINDINGS OF OPERATION: Carcinoma pancreas
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/20 ..., 1952, to 12/30, 1952, that I last saw the deceased alive on 12/30, 1952, and that death occurred at 7:32 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
James R. Goodson M.D. 1746 K. St. N.W., D.C.

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF: JAN 2, 1953 NAME OF CEMETERY OR CREMATORY: Washington Memorial LOCATION (City, town, or county) (State): Suitland, Md.

DATE REC'D BY LOCAL REGISTRAR: 12-30-52
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR: Robt A. Matting/y ADDRESS: Fun Home 11th St S.E. Wash DC

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH 11608

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 765

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (In this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Sacred Heart Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 5805 - Queens Chapel Road

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) (Last) Hooe

4. DATE OF DEATH: (Month) Dec. (Day) 5 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 7-22-1872

9. AGE last birthday: 80 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Scotland

12. CITIZEN OF WHAT COUNTRY? Yes

13. FATHER'S NAME: William Stuart

14. MOTHER'S MAIDEN NAME: Elizabeth Monahan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Sacred Heart Home Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Heart Disease — 3 days

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 10 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

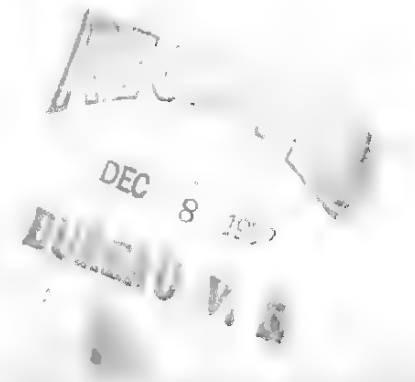
22. I hereby certify that I attended the deceased from September 19..0, to Dec. 4, 1952, that I last saw the deceased alive on December 4 1952, and that death occurred at 11:00A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Thomas F Collins MD — ADDRESS 325 H St NE — DATE SIGNED DEC 5 1952

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 12/9/1952 | NAME OF CEMETERY OR CREMATORY Mt Olivet Cem | LOCATION (City, town, or county) Washington DC (State)

DATE REC'D BY LOCAL REG. Dec 5, 1952 | REGISTRAR'S SIGNATURE James Percy

24. FUNERAL DIRECTOR Francis J. Collins — ADDRESS 3821-14th St. N.W. Wash. D.C.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MARYLAND STATE DEPARTMENT OF HEALTH 14809

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. .....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Heights — LENGTH OF STAY (In this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 839 - Eastern Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairmont Heights
STREET ADDRESS (If rural, give location) 839 - Eastern Ave

3. NAME OF DECEASED (Type or Print): (First) Edith (Middle) Brown (Last) Jackson

4. DATE OF DEATH: (Month) 12 (Day) 20 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: 6-15-1886

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maid

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Henry Brown

14. MOTHER'S MAIDEN NAME: Mary Ann Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 577-22-7420

17. INFORMANT AND ADDRESS: Mrs. Dana Cooke - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

John Malarkey M.D. Dep. Med. Exam. Church Md. Dec. 22, 1952

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 12-23-52 — NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery — LOCATION (City, town, or county) (State) Benning Rd SE. DC

DATE REC'D BY LOCAL REG. Dec. 31, 1952 — REGISTRAR'S SIGNATURE Louise F. Marquet.

24. FUNERAL DIRECTOR — ADDRESS Henry S. Washington & Sons 467 N St N.W. DC

MARYLAND STATE DEPARTMENT OF HEALTH

14810

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 142

1. PLACE OF DEATH: COUNTY Prince George — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Heights — LENGTH OF STAY (In this place) 9 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6464 - Rollins Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Heights
STREET ADDRESS (If rural, give location) 7570 Walker Mill Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clarence	Thomas	Johnson Sr	12-	4	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
male	White	married	3/29/98	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Construction	Virginia	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Johnson	Adeline Reynolds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Mrs Mupa Johnson, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary thrombosis	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease	
(c)	

420.1

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James D. Boyd	M.D	Forestville Md	12-5-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/8/52	Ft Lincoln	Colmar Manor Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-6	Amanda Downey	Enoch Sons	Hyattsville Md

19 52 Dec 5 a.m. ex.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1811

CERTIFICATE OF DEATH

Reg. Dist. No. 7-34

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: 129 Huron Drive
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) | LENGTH OF STAY (in this place): 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL) and give nearest town) OR TOWN Forest Heights
STREET ADDRESS (If rural, give location) 129 Huron Drive

3. NAME OF DECEASED: (Type or Print) (First) JOHN (Middle) W (Last) JONES

4. DATE OF DEATH: (Month) Dec. (Day) 26 (Year) 19 52

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married | 8. DATE OF BIRTH: Jan. 10, 1897 | 9. AGE last birthday: 55 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Navy Yard D.C. | 10b. KIND OF BUSINESS OR INDUSTRY: Machinist | 11. BIRTHPLACE (State or foreign country): Scranton, Penna. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John W. Jones | 14. MOTHER'S MAIDEN NAME: Mary Ann Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No. | 16. SOCIAL SECURITY NO.: | 17. INFORMANT & ADDRESS: Mrs. Mary Jones 129 Huron Drive Forest Hts. Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Myocardial infarction, recurrent	28 hrs.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Coronary artery A-S-H-D.	2 yrs.
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, R.L.L. — 28 hrs.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 52, to 26 Dec., 19 52, that I last saw the deceased alive on 25 Dec. 19 52, and that death occurred at 2:15 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
William F. Collitor Jr. M.D. 4221 S. Capitol St. 26 Dec 52

23. BURIAL, CREMATION REMOVAL (Specify): Cremation | DATE THEREOF 12-28-52 | NAME OF CEMETERY OR CREMATORY Potomac Valley | LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. Dec. 26-52 | REGISTRAR'S SIGNATURE Edward J. Beach | 24. FUNERAL DIRECTOR Waters Funeral Home | ADDRESS 9411-11th St. N.W.

VS-A15 8-51

COPY SENT TO LOCAL ... IN NO. ____ DATE ____

... DEC 29 ...

... V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14812

CERTIFICATE OF DEATH

Reg. Dist. No. 23 1

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly | LENGTH OF STAY (in this place) 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 1705 Owens Rd S.E
STREET ADDRESS (If rural give location) Oxon Hill Md.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) (Last) Kramer

4. DATE OF DEATH: (Month) Dec. (Day) 6 (Year) 19 52

5. SEX: M | 6. COLOR OR RACE: W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): (S) | 8. DATE OF BIRTH: 4-30-84 | 9. AGE last birthday: 68 yrs. | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Bricklayer None | 10b. KIND OF BUSINESS OR INDUSTRY: Construction Work | 11. BIRTHPLACE (State or foreign country): Pa. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Moses Kramer | 14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no | (If Yes, give war or dates of service) — | 16. SOCIAL SECURITY No.: — | 17. INFORMANT & ADDRESS: Mabel K. Mitchell 1705 Owens Rd. S.E.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute left-sided heart failure — Interval Between Onset And Death: 1 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease — 10 yrs

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-3 ,19 52, to 12-6 , 195 2, that I last saw the deceased alive on 12-5 , 19 52, and that death occurred at 9 50 A.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
William Brannon MD | Capitol Hgts md | 12/6/52

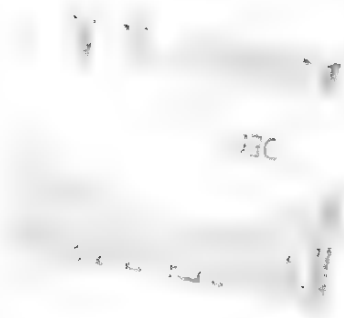
23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Dec. 9-1952 | NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery | LOCATION (City, town, or county) Clearfield (State) Pa.

DATE REC'D BY LOCAL REGISTRAR 12-6-52 | REGISTRAR'S SIGNATURE Amanda Downey | 24. FUNERAL DIRECTOR Simmons Bros. | ADDRESS 2007 Nichols Ave S.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



MARYLAND STATE DEPARTMENT OF HEALTH 11813

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 142

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baden
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baden
STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) Mae (Last) Kurtz

4. DATE OF DEATH: (Month) Dec (Day) 15 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Strike out): Married | 8. DATE OF BIRTH: April 1880 | 9. AGE last birthday: 72 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY: Own Home | 11. BIRTHPLACE (State or foreign country): Maryland | 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown | 14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS: Julius J Kurtz

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

44-X

Immediate cause (a) Congestive heart failure — 2 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James J. Boyd M.D. Forestville Md 12-15-52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF 12/17/1952 | NAME OF CEMETERY OR CREMATORY Cedar Hill | LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REG. Dec 15-52 | REGISTRAR'S SIGNATURE Edna F. Collins | 24. FUNERAL DIRECTOR Robert H Mattingly ADDRESS Washington D C

2 in D149. Item #7 not

MARYLAND STATE DEPARTMENT OF HEALTH

11814

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro — LENGTH OF STAY (In this place) 3 hrs 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS Post Office Upper Marlboro

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Auburndale — COUNTY Mass.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Auburndale Mass
STREET ADDRESS (If rural, give location) none 37 Cheswick, Rd.

3. NAME OF DECEASED (Type or Print): (First) Henrietta (Middle) P. (Last) Worthington Lancaster

4. DATE OF DEATH: (Month) Dec (Day) 23 (Year) 1952

5. SEX: Fem. — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married — 8. DATE OF BIRTH: July 14 1865 — 9. AGE last birthday: 87 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Retired — 11. BIRTHPLACE (State or foreign country): Aquasco Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm. Worthington — 14. MOTHER'S MAIDEN NAME: Sarah Louise Bowie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service): no — 16. SOCIAL SECURITY NO.: none — 17. INFORMANT: Mrs Chas Warbury

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion — 2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Paralysis following Cerebral Hemorrhage — Since June 24 1952
(c) Cardio Vascular Renal Disease — Unknown

4427

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (Paralysis Left Side of Body)

19a. DATE OF OPERATION: none — 19b. MAJOR FINDINGS OF OPERATION: — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) Natural Causes — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 23, 1952 to Dec 23, 1952, that I last saw the deceased alive on Dec 22, 1952 and that death occurred at 6:45 p.m., from the causes and on the date stated above.

SIGNATURE: Paul C. Lancaster — (Degree or title) M.D. — ADDRESS: Washington 18 DC — DATE SIGNED: Dec 23 1952.

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation — DATE THEREOF: 12/24/52 — NAME OF CEMETERY OR CREMATORY: J.S. Waterman & Sons — LOCATION (City, town, or county) (State): Boston, Mass.

DATE REC'D BY LOCAL REG.: Dec 24 1952 — REGISTRAR'S SIGNATURE: John F. Danner — NAME OF FUNERAL DIRECTOR: Ritchie Bros. Funeral Home — ADDRESS: Upper Marlboro, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

14815

Reg. Dist. No. 342

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George's; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN T. B.; LENGTH OF STAY (in this place) Transient; HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 301 and 381

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia; COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington; STREET ADDRESS (If rural, give location) 63 M Street S.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Benjamin	Howard	Locks	12	20	52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	Colored	Married	6/13/17	35 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	Lumber	Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Frank Locks	Lucy Thomas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
Yes WW II		Mother

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Hemorrhage and shock	
816.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Crushed skull and chest	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Route 301	(CITY OR TOWN) T. B.	(COUNTY) P. G.	(STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 12 20 52 7:45P	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Occupant of a car that struck another car		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James H. Boyd	M. D.	Forestville, Md.	12/21/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-22-52	Barnes & Matthews	614-4th St. S.E.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-22-52	Carrie E. Compton	Barnes & Matthews	614-4th St. S.E.

S. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

1-816

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY: Prince George's — STATE: MARYLAND
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Maryland — COUNTY: P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural give location): 7107 Marywood St. - Glenridge

3. NAME OF DECEASED: (Type or Print) (First) Arthur (Middle) Michael (Last) Ludwig

4. DATE OF DEATH: (Month) Dec. (Day) 19 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1-22-19

9. AGE Last birthday: 33 yrs. — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life. (Do not accept "Retired"): TRAFFIC SUPERVISOR

10b. KIND OF BUSINESS OR INDUSTRY: Breyer Ice Cream Co.

11. BIRTHPLACE (State or foreign country): Scranton Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Arthur John Ludwig

14. MOTHER'S MAIDEN NAME: (Unknown) Shade

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) Yes. (If Yes, give war or dates of service) W.W.II

16. SOCIAL SECURITY No.: 203-03-4418

17. INFORMANT & ADDRESS: Mary E. Ludwig - 7107 Marywood St. Glenridge Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial Infarction - acute — Interval Between Onset And Death: 1 hr

420.1

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

DUE TO (b)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on 12/14, 19[illegible], and that death occurred at 12/19/52, from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

[illegible] 9:40 A.M. [illegible] 12/19/52

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE THEREOF: 12/19/1952 — NAME OF CEMETERY OR CREMATORY: Unknown — LOCATION (City, town, or county) (State): Scranton Penna.

DATE REC'D BY LOCAL REGISTRAR: 12-19-52 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR — ADDRESS: W.W. Chambers Co - Riverdale, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

4817

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale — LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN 1500 Sheridan St
STREET ADDRESS (If rural, give location) Riverdale - Md

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Ross (Last) Marshall
4. DATE OF DEATH: (Month) Dec. (Day) 10 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single
8. DATE OF BIRTH: Sept 26, 1929
9. AGE last birthday: 23 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Sheet metal
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Elton Marshall
14. MOTHER'S MAIDEN NAME: Julia Bernice Stein
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes Korean War - 1946-51
16. SOCIAL SECURITY NO.: 218-24-7143
17. INFORMANT AND ADDRESS: Mother - Same

18. MEDICAL CERTIFICATION

18. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock -

16.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Multiple fractures of face & multiple

(c) lacerations of head and face -

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral concussion.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Street | (CITY OR TOWN) Riverdale (COUNTY) Prince Georges (STATE) Maryland

TIME (Month) (Day) (Year) (Hour) OF INJURY 12-8-52 5:20 P.m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR? Collision of two automobiles

22. *I certify that I took charge of the remains described above, held an Autopsy __, Inspection X, Inquiry X, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes __, accident X, suicide __, homicide __, undetermined __.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Mahony M.D. Dep. M.E. Exam. Hyattsville, Md 12-10-52

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial | DATE THEREOF 12/12/52 | NAME OF CEMETERY OR CREMATORY: Arlington | LOCATION (City, town, or county) (State): Arlington Va

DATE REC'D BY LOCAL REG. Dec 11, 1952 | REGISTRAR'S SIGNATURE James L Percy

24. FUNERAL DIRECTOR: E Brooks and Son | ADDRESS: Hyattsville Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. ALSA

MARYLAND STATE DEPARTMENT OF HEALTH 32 1818

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 230

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lemblt — LENGTH OF STAY (In this place) 2 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 14 J-Laurel Hill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lemblt
STREET ADDRESS (If rural, give location) 14 J-Laurel Hill Road.

3. NAME OF DECEASED (Type or Print): (First) Joy (Middle) Diane M. (Last) Pherson
4. DATE OF DEATH: (Month) Dec (Day) 11 (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: July 3, 1898
9. AGE last birthday: 54 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk
10b. KIND OF BUSINESS OR INDUSTRY: Advertising
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: ? Broyles
14. MOTHER'S MAIDEN NAME: Delilah Patterson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Son - Same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Subarachnoid hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Rupture of a neurism of Circle of (c) Willis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney M.D. Dep. Med. Exam. Cheverly Md. 12-12-52

23. BURIAL, CREMATION, REMOVAL (Specify) Transportation | DATE THEREOF 12/12/52 | NAME OF CEMETERY OR CREMATORY Elsie Stone | LOCATION (City, town, or county) (State) Iowa

DATE REC'D BY LOCAL REG. 12/12/52 | REGISTRAR'S SIGNATURE Amanda Harvey John D. Smith | 24. FUNERAL DIRECTOR F. Keech and Hyattsville ADDRESS Md.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1819

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
LENGTH OF STAY (In this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5309 Bilden Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg
STREET ADDRESS (If rural, give location) 5309 Bilden Road

3. NAME OF DECEASED (Type or Print): (First) Raymond (Middle) Edward (Last) Michalek

4. DATE OF DEATH: (Month) Dec (Day) 29 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 10-13-09

9. AGE last birthday: 43 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt.

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John J. Michalek

14. MOTHER'S MAIDEN NAME: Veronica Gyulek

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: ?

17. INFORMANT AND ADDRESS: Henry J. Michalek, W. Englewood, N.J.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Asphyxia	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carbon monoxide poisoning	
	(c) Fumes from auto - exhaust	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

E913.3

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION: | 20. AUTOPSY? Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home | (CITY OR TOWN) Bladensburg | (COUNTY) Pr. Geo. | (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 12-29-52 A m. | INJURY OCCURRED While at work ☐ Not while at work ☑ | HOW DID INJURY OCCUR? Inhalation of Auto-fumes

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John J. Maloney — (Degree or title): M.D. Dep. Med. Exam. — ADDRESS: Hyattsville, Md. — DATE SIGNED: 12-29-52

23. BURIAL, CREMATION, REMOVAL (Specify): Transportation | DATE THEREOF: 12/29/52 | NAME OF CEMETERY OR CREMATORY: Chicago | LOCATION (City, town, or county) (State): Illinois

DATE REC'D BY LOCAL REG.: 12-29 1952 | REGISTRAR'S SIGNATURE: Amanda Downey | FUNERAL DIRECTOR: Gracie Sons | ADDRESS: Hyattsville, Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
LENGTH OF STAY (in this place): 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 7331 Forest Rd

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Dutchess — COUNTY: New York
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Pough Keepsie
STREET ADDRESS (If rural, give location): Nelson House, Main St ✓

3. NAME OF DECEASED (Type or Print): (First) May (Middle) Roberts (Last) Nichols
4. DATE OF DEATH: (Month) Dec (Day) 26 (Year) 19 52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed	May 5, 1876	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	—	New Jersey	U. S.

13. FATHER'S NAME: Edwin Forest Phelan
14. MOTHER'S MAIDEN NAME: Anna Augusta Wainwright

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(If yes, give war or dates of service)		
No	—	Mrs Franklin Raub, 7231 Forest Rd Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Cardiac Failure	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchiectasis	2 years
(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—			

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
— m.		—

22. I hereby certify that I attended the deceased from Dec 14 1952, to Dec 24 1952, that I last saw the deceased alive on Dec 24 1952, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE: Thomas M. Hutchins (Degree or title) M.D. ADDRESS: 7315 Landover Rd DATE SIGNED: Dec 26 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/29/52	Fairmount	Chatham New Jersey

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 29 1952	James Devey	F Gaschi and Hyattsville Md.	

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

14821

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince George — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — MARYLAND — LENGTH OF STAY (In this place) 19 years — HOSPITAL OR INSTITUTION OR STREET ADDRESS 5508 - 40th Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — STREET ADDRESS (If rural, give location) 5508 - 40th Avenue

3. NAME OF DECEASED (Type or Print): (First) James — (Middle) Aloysius — (Last) O'Leary

4. DATE OF DEATH: (Month) Dec — (Day) 22 — (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan 22, 1874

9. AGE last birthday: 5-8 yrs. — If under 1 year: Months — Days — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fireman

10b. KIND OF BUSINESS OR INDUSTRY: Sanitary Commission

11. BIRTHPLACE (State or foreign country): Washington, D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Timothy O'Leary

14. MOTHER'S MAIDEN NAME: Mary Sheehan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes - WWI (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Wife - Same address

18. MEDICAL CERTIFICATION

19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute congestive heart failure — Interval between onset and death:

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cachexia coronal disease

(c)

4427

20. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney, M.D. Dep. Med. Examiner — Hyattsville Md — 12-24-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF 12/26/52 — NAME OF CEMETERY OR CREMATORY Arlington Cemetery — LOCATION (City, town, or county) (State) Arlington Va

DATE REC'D BY LOCAL REG. Dec 26 1952 — REGISTRAR'S SIGNATURE James Devey — 24. FUNERAL DIRECTOR F Gaede & Sons — ADDRESS Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH 14822

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Heights | LENGTH OF STAY (In this place) Dayscent
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6301-Marlboro Pike

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fl Heights
STREET ADDRESS (If rural, give location) 1220-61st Avenue

3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Emma	Carlo	Owen	12-	12-	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs: Hours	Min.
Male	White	Married	1-25-11	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cafe Owner	Transportation	N. Carolina	U.S.A.

13. FATHER'S NAME Edward Conway Owen
14. MOTHER'S MAIDEN NAME Ida Melvin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		Wife - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral edema

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Dofemia
(c) Chr. atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Broncho-pneumonia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?		

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John D. Malone	M.D. Dep. Med. Exam.	Hyattsville, Md.	12-12-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12-15-52	Cedar Hill	Pr. Geo. Co.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-12-52	Alexander Harvey, Jr. Registrar	W. W. Chambers Co.	517-11th St. SE

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AIDA

VS A1F

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

14823

Reg. Dist. No. 241

1. PLACE OF DEATH:

County: Prince Georges

City or town: Capitol Heights Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? More than 20 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: P G Co.

City or town: Cap. Heights

(If outside city or town limits, write RURAL and give nearest town)

Street No. 412-62nd Place

(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME OLIVE RUTH PALMER

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
FEMALE	WHITE	MARRIED

6.(b) Name of husband or wife: JOSEPH JOHN PALMER

6.(c) If alive, give age: 54 years

7. Birth date of deceased (mo., day, yr.): 10-22-02

8. AGE: Years: 50 | Months: 1 | Days: 28 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Alexandria Va. (Town, county, and state)

10. Usual occupation: Home-maker

11. Industry or business: Home

FATHER

12. Name: Ralph Joseph Padgett

13. Birthplace: Alexandria Va

MOTHER

14. Maiden name: Susan Rebekah Smith

15. Birthplace: Alexandria Va

16. Informant: Joseph Palmer

Address: 412-62nd Pl

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 22, 1952 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Suitland Md

18. Funeral director: T Gaffell

Address: 425 H. St NW

19. Dec 20 1952 (Date rec'd by registrar) Carrie L. Campbell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12-19 1952, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to 12-19 1952

and that I last saw h[illegible] alive on 12-19-52 19____

	DURATION
Immediate cause of death: Coronary Heart Failure	2 days
Due to: Rheumatic Heart Disease	18 yrs.
Due to: 416X	
Other conditions: Abdominal Ascites	4 mos

(Include pregnancy within 3 months of death)

Major findings of operations: ____ Date of op. ____

Autopsy results: ____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: ____ Date of: ____

Where did injury occur? ____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury: ____ Injured at work?

23. SIGNATURE: Herbert A Gleason M.D. M. D. or other

Address: 815 E. Cap. St. Wash. DC Date signed: 12/19/52

RECEIVED
DEC
BUREAU V

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14524 345

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
LENGTH OF STAY (in this place): 7 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 6912 Prince Georges Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: Md. COUNTY: Prince Georges.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Takoma Park
STREET ADDRESS (If rural, give location): 6912 Prince Georges Avenue

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) George (Last) Parker

4. DATE OF DEATH: (Month) Dec. (Day) 13 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Dec. 12, 1885

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Stratford-on-Avon, England

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Henry Parker

14. MOTHER'S MAIDEN NAME: Lucy Abbott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs. Mary E. Parker, 6912 Prince Georges Ave. Takoma Park Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 9 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Coronary Sclerosis — unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 6, 1952, to Dec. 13, 1952, that I last saw the deceased alive on Dec. 11, 1952, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS — DATE SIGNED

Walter R. Mook M.D. 7701 Carroll Ave. Takoma Park, Md. 12-13-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 12/16/1952 — NAME OF CEMETERY OR CREMATORY: Washington Natl Cem. — LOCATION (City, town, or county) (State): Suitland, Pr. Geo. Co., Md.

DATE REC'D BY LOCAL REG.: Dec 14, 1952 — REGISTRAR'S SIGNATURE: James Devoy

24. FUNERAL DIRECTOR — ADDRESS: W.W. Chambers Co — Riverdale Md

MARYLAND STATE DEPARTMENT OF HEALTH 1825

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Collington — LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mac Marshalls Hall.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glen Arden
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Robt (Middle) Lee (Last) Peate

4. DATE OF DEATH: (Month) 12 (Day) 27 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-27-05

9. AGE last birthday: 44 yrs. | If under 1 year: Months | Days | If under 24 hrs: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): N. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert W. Peate

14. MOTHER'S MAIDEN NAME: Ida Clunty

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of: Yes - World War II

16. SOCIAL SECURITY NO.

17. INFORMANT AND ADDRESS: Charles Peate - Glen Arden —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock

Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Shotgun wound of neck.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) INJURY Hall

(CITY OR TOWN) Collington, Pr. Geo. (COUNTY) Md. (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) 12-27-52 4:00 P.M.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Shot by shot-gun held in hands of another man.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒ undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John J. Maloney M.D. Dep. Med. Exam. Cheverly, Md. 12-27-52

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 1-2-53 — NAME OF CEMETERY OR CREMATORY Arlington National — LOCATION (City, town, or county) Arlington (State) Va.

DATE REC'D BY LOCAL REG. 30-1952 — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS H.S. Washington & Sons 467 N St. N.W. Wash., D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE 18

CERTIFICATE OF DEATH

14826

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A1

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edmonston
STREET ADDRESS (If rural give location) 5301 - Decateur St

3. NAME OF DECEASED: (Type or Print) (First) Garfield (Middle) G. (Last) Phipps

4. DATE OF DEATH: (Month) Dec (Day) 30 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Dec 19-1899

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Bandee

10b. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): Va

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Garfield Phipps

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: John F Duffey - Roger Heights Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebro-vascular accident left — Interval Between Onset And Death: 12 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Pneumonitis - rt side. — 8 days
DUE TO (c) Cerebral Thrombosis - left fronto parietal

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-18, 1952, to 12-30, 1952, that I last saw the deceased alive on 12-29, 1952, and that death occurred at 2:05 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Carl V. Fletcher M.D. 4432 Annapolis Rd Hyattsville Md 12/31/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF 1/2/53 — NAME OF CEMETERY OR CREMATORY: Ft Lincoln — LOCATION (City, town, or county) (State): Colmar Manor Md

DATE REC'D BY LOCAL REGISTRAR 1/2/53 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS: F Gaeche and Hyattsville Md

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1827

Reg. Dist. No. 231

1. PLACE OF DEATH
COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sandover Hills
MARYLAND — LENGTH OF STAY (In this place): 9 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 4229-71st Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sandover Hills
STREET ADDRESS (If rural, give location): 4229-71st Ave

3. NAME OF DECEASED (Type or Print): (First) Kent (Middle) Allen (Last) Platian

4. DATE OF DEATH: (Month) 12 (Day) 8 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 4-1-43

9. AGE last birthday: 9 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Platian

14. MOTHER'S MAIDEN NAME: Hazel Caswell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Father - Same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pneumonia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broncho-pneumonia

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Epilepsy -

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney	M.D. Dep. Med. Exam.	Cheverly, Md	12-5-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/10/52	Fort Lincoln	Columbia Manor Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12/8/52	Amanda Dorsey	F. Bacchi Sons	Hyattsville, Md.

12/8/— 1952

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

1182[illegible]

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ritchie
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Dead on arrival Dr. Ritchie's Office

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Upper Marlboro
STREET ADDRESS (If rural, give location) Route # 2, Box 96

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Anthony	Proctor	12	1	52

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Colored	Single	7/27/46	6 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	School	Maryland	USA

13. FATHER'S NAME: Thomas M. Proctor

14. MOTHER'S MAIDEN NAME: Elizabeth Helen Harley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no		Mrs Elizabeth Proctor, same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Pulmonary embolism	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchopneumonia	
(c)	

441

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☑ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Ford M.D.		Forestville Md	12-1-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town or county) (State)
	12/4/52	[illegible]	[illegible]

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
~~Jan. 2 1953~~ Dec. Jan 16 1953	John F. Danner.	[illegible]	[illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH

11829

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 27

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tuxedo
LENGTH OF STAY (in this place) 4yrs 3mo. 18da
HOSPITAL OR INSTITUTION OR STREET ADDRESS Tuxedo Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 1718 Newton St. N.W.

3. NAME OF DECEASED (Type or Print): (First) MARY (Middle) A. (Last) PURCELL
4. DATE OF DEATH: (Month) 12 (Day) 9 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: 7-3-1892
9. AGE last birthday: 60 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: William E. Purcell
14. MOTHER'S MAIDEN NAME: Mary L. Rankin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or Unknown) (If yes, give war or dates of service): Unknown
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: O.A. Purcell (Bro.) 1745 K St. N.W. Washington, D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	Several Years
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) General Arteriosclerosis	" "
	(c) Cerebral Hemorrhage	11 Days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16, 19 49, to 12-9, 19 52, that I last saw the deceased alive on 12-9, 19 52, and that death occurred at 2 P. m., from the causes and on the date stated above.
SIGNATURE (Degree or title) James P. Sands M.D. ADDRESS Tuxedo Sanitarium, Tuxedo, Md. DATE SIGNED 12-9-1952

23. BURIAL, CREMATION OR REMOVAL (Specify): Burial
DATE THEREOF: Dec 12-1952
NAME OF CEMETERY OR CREMATORY: Mt. Calvary
LOCATION (City, town, or county) (State): Richmond Va.

DATE REC'D BY LOCAL REG.: Dec 9-1952
REGISTRAR'S SIGNATURE: M. Trashears
24. FUNERAL DIRECTOR: M. V. Chambers ADDRESS: 1400 Chapin N.W. DC

VS. A5-7

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

14830

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cheverly
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 4734 Baltimore Ave.

3. NAME OF DECEASED: (Type or Print) (First) Josephine (Middle) (Last) Radisch

4. DATE OF DEATH: (Month) Dec. (Day) 4 (Year) 1952

5. SEX: Female — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married — 8. DATE OF BIRTH: 21 March 1877 — 9. AGE last birthday: 75 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife — 10b. KIND OF BUSINESS OR INDUSTRY: Own home — 11. BIRTHPLACE (State or foreign country): VIRGINIA — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown — 14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) — 16. SOCIAL SECURITY NO.: — — 17. INFORMANT & ADDRESS: PATIENT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset And Death
Immediate cause	(a) Cerebral Thrombosis	6 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b) DUE TO Cerebral Arteriosclerosis	10 years
	(c) DUE TO	

332

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardiovascular Disease 2 years

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-30, 1952, to 12-4, 1952, that I last saw the deceased alive on 12-4, 1952, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Norman Wood Conaway M.D. — ADDRESS 3303 Perry St Mt Rainier Md — DATE SIGNED 12/4/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 12/8/52 — NAME OF CEMETERY OR CREMATORY Ft Lincoln — LOCATION (City, town, or county) Colmar Manor — State Md.

DATE REC'D BY LOCAL REGISTRAR 12/8/52 — REGISTRAR'S SIGNATURE Amanda Downey — 24. FUNERAL DIRECTOR AND ADDRESS E. Brache & Sons Hyattsville Md

VS. A15

DEC

14831

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Valley
LENGTH OF STAY (In this place) Lycan
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5210 Clark Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY PG
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Valley
STREET ADDRESS (If rural, give location) 5210 Clark Place

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) (Last) Rodemann

4. DATE OF DEATH: (Month) 12 (Day) 31 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 12

9. AGE last birthday: 92 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U. S. A

13. FATHER'S NAME: Unknown August Penski

14. MOTHER'S MAIDEN NAME: Unknown Eleanor Gehrke

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Ross Hazel, same address

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

44+

Immediate cause (a) Acute Congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinomacelo renal Uremia

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: James J. Boyd (Degree or title) M.D ADDRESS: Forestville Md DATE SIGNED: 1-1-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 1/2/53 — NAME OF CEMETERY OR CREMATORY: Cedar Hill — LOCATION (City, town, or county) (State): Southeast Md.

DATE REC'D BY LOCAL REG.: Jan 1-1953 — REGISTRAR'S SIGNATURE: Carrie J. Campbell

24. FUNERAL DIRECTOR: W. C. Chambers Co. — ADDRESS: 517 H St S

JAN 6
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 14832 21

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

VS. A18 8-51

1. PLACE OF DEATH:

COUNTY Prince Georges MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly

LENGTH OF STAY (in this place) 11-28/12-1

HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo. Gen. Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE D.C. COUNTY Prince Georges

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN N.E Wash (Carmondy Hills)

STREET ADDRESS (If rural, give location) 7417 D St.

3. NAME OF DECEASED: (First) (Middle) (Last) (Type or Print)	4. DATE OF DEATH: (Month) (Day) (Year)	5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Norman CLYDE Rodgers IV	Dec. 1 1952	M	W	S	4-6-47	5 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
none	none	Md.	U.S.A.

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Donald Rodgers	Mary Pumphrey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT'S ADDRESS:
no None	none	Donald Rodgers 7417 D St Carmondy Hills Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
173X Immediate cause	(a) Pneumonia Lacunar with DUE TO	3 month
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Epidural DUE TO	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY?
11/24/52	Laceration of bullock	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/17, 19 52, to 12/1, 19 52, that I last saw the deceased alive on 12/1, 19 52, and that death occurred at 6:10 A.m., from the causes and on the date stated above.

SIGNATURE	(DEGREE OR TITLE)	ADDRESS	DATE SIGNED
Hallam Brannin	MD	6104 Central Ave Capitol Heights Md	12/1/52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, Town, or county) (State)
Burial	12/3/52	Cedar Hill	Lanham Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
12-1-52	Amanda Downey	W.W. Chambers Co.	517 11th St SE

RECEIVED
DEC 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 44833

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED.
STATE Maryland — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN District Heights
STREET ADDRESS (If rural give location) Old Branch Ave

3. NAME OF DECEASED: (Type or Print) (First) Inez (Middle) (Last) Seaton

4. DATE OF DEATH: (Month) Dec. (Day) 4 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH:

9. AGE last birthday: 56 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac decompensation & anasarca — DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic Heart Disease — DUE TO

(c)

Interval Between Onset And Death: ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/3, 1952, to 12/4, 1952, that I last saw the deceased alive on 12/4, 1952, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) William Brannon MD — ADDRESS 6124 Central Ave, Capitol Hgts Md — DATE SIGNED 12/4/52

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 12/8/52 — NAME OF CEMETERY OR CREMATORY University Med School — LOCATION (City, town, or county) Belts City — (State) Md

DATE REC'D BY LOCAL REGISTRAR Dec 8 1952 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR James A Hemsley — ADDRESS 578 W Baltimore

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

12/4/52. Coroner J. Maloney was notified & permission to sign certificate was given.

William [illegible]

MARGIN RESERVED FOR BINDING

VS. A[illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DUPLICATE. CERTIFICATE OF DEATH

Reg. Dist. No. .. ..

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 28 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Lorena (Middle) Sue (Last) Seaton

4. DATE OF DEATH: (Month) Dec. (Day) 16 (Year) 19 52

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Dec. 15, 1952

9. AGE last birthday: 28 hours

IF UNDER 1 YEAR Months Days

IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cheverly, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Wilford Stanley Seaton

14. MOTHER'S MAIDEN NAME: Mary Sue Abbott

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) PREMATURITY. DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c)

Interval Between Onset And Death: 28 hrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/15/53, to 12/16/53, that I last saw the deceased alive on 12/16, 1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

SIGNATURE Albert Roth (Degree or title) M.D. ADDRESS Riverdale, Md. DATE SIGNED 12/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation

DATE THEREOF Jan. 8, 1953

NAME OF CEMETERY OR CREMATORY Prince George's Gen. Hospl.

LOCATION (City, town, or county) (State) Cheverly, Md.

DATE REC'D BY LOCAL REGISTRAR 1-28-53

REGISTRAR'S SIGNATURE A. M. Hedrich

24. FUNERAL DIRECTOR Henry W. Lemmon

ADDRESS Cheverly, Md.

mnb.

RECEIVED
JUL 31 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

14834

CERTIFICATE OF DEATH

Reg. Dist. No. 234

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Clinton — LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Clinton, Md. R#1

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R#1 Clinton, Md.
STREET ADDRESS (If rural, give location): R#1 Clinton, Md.

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) Eugene (Last) Simmons

4. DATE OF DEATH: (Month) Dec (Day) 2 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Jan 15 1886

9. AGE last birthday: 66 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Clinton, Md

12. CITIZEN OF WHAT COUNTRY?: U.S. White

13. FATHER'S NAME: George C Simmons

14. MOTHER'S MAIDEN NAME: Amanda K Clements

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Ellen M Simmons (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X Immediate cause (a) Acute Coronary Occlusion — Sudden

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Cardio Vascular Renal Disease — unknown

(c) Diabetes Mellitus — 5yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: none (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: none

22. I hereby certify that I attended the deceased from Nov 1, 1952 to Dec 2, 1952, that I last saw the deceased alive on Nov 28, 1952, and that death occurred at 11:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Paul E Van Natta M.D. — ADDRESS: 5440 Silver Hill Rd Washington 28 DC — DATE SIGNED: Dec 3 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Dec 5th 52 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Suitland Md

DATE REC'D BY LOCAL REG.: Dec 3rd 52 — REGISTRAR'S SIGNATURE: Howard J Beall

24. FUNERAL DIRECTOR — ADDRESS: Simmons Bros 2007 Nichols Ave S E Washington DC

Coroner Notified — Permission to Sign Granted

VS. 5-48

2 COPY SENT TO LOCAL REGISTRAR No. DATE

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

14635

Reg. Dist. No. 234

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS AI

1. PLACE OF DEATH:
County Prince George's
City or town Forestville, Md
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County Prince George
City or town Forestville Md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME George Edward Smith

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Negro	married

6.(b) Name of husband or wife Annie L. Smith
6.(c) If alive, give age 74 years
7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
86			....hrs. ....min.

9. Birthplace Maryland (Town, county, and state)
10. Usual occupation Farmer
11. Industry or business Farmer
FATHER 12. Name Samuel Smith
13. Birthplace Maryland
MOTHER 14. Maiden name Annie Blair
15. Birthplace Maryland
16. Informant Mary E Cooke
[redacted] 2244 Shannon Pl. S.E.
17. Removal (Burial, cremation, or removal. Which?) Date thereof 12-26-52 (month) (day) (year)
Cemetery or crematory
Location Washington, D.C.
18. Funeral director Barnes & Matthews
Address 614-4th St. SW Washington
19. Dec. 26 - 1952 Howard I Beall
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

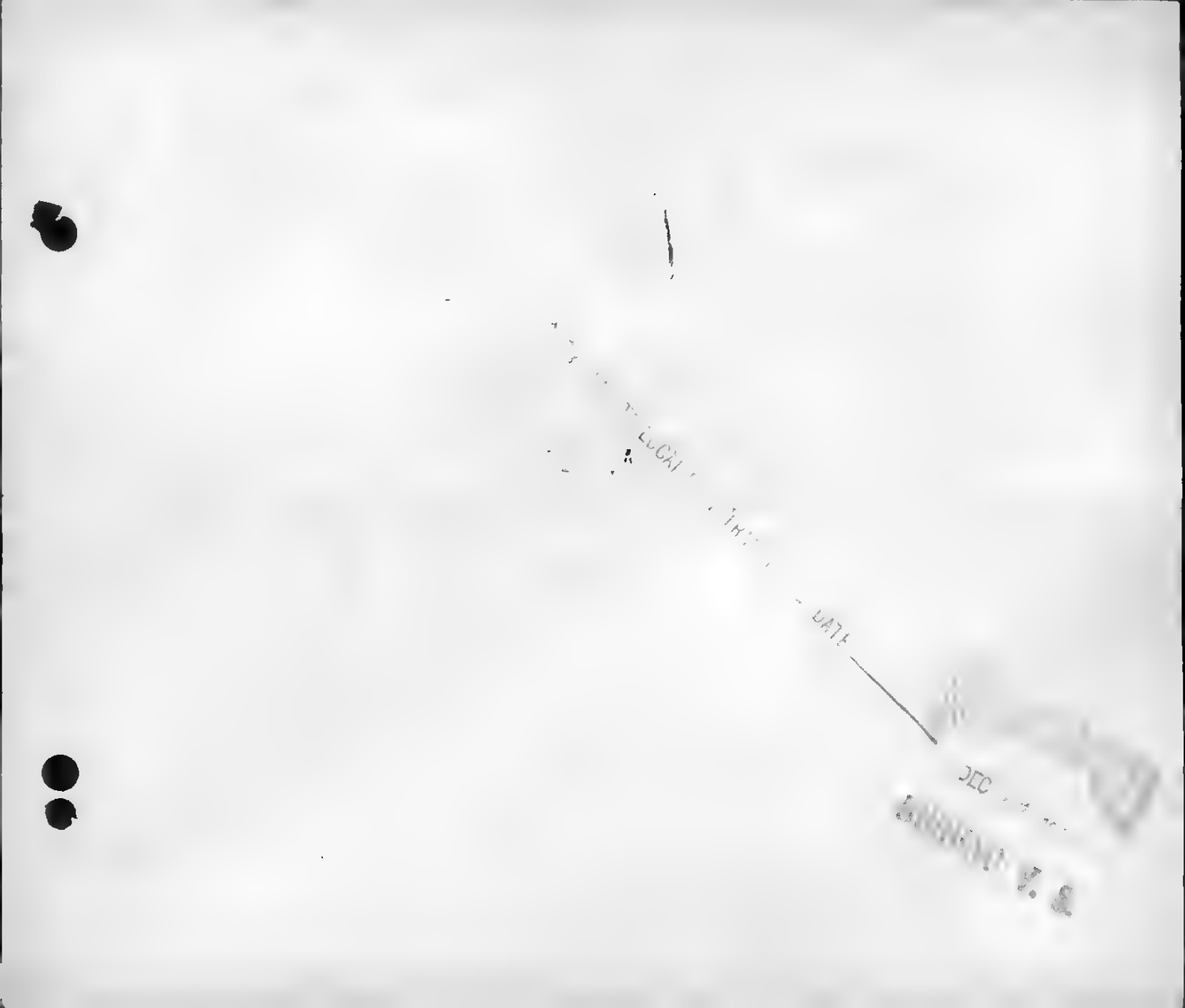
20. DATE OF DEATH December 25 1952, at 10 P M
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from December 24 1952, to December 25 1952
and that I last saw h.. alive on December 24 1952
Immediate cause of death Uremia

	Interval
Due to Hypertensive Cardiovascular Renal disease.	
Due to	
Other conditions Generalized Edema 5 Early	

(Include pregnancy within 3 months of death)
4412
Major findings of operations none
Date of op.
Autopsy results none
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Theodore E Corpew M.D.
(M. D. or other)
Address 2433-1-2 [redacted] Washington D.C. Date signed 12-27-52



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14836

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham Md
LENGTH OF STAY (in this place) 40 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Linda (Middle) A. (Last) Steele

4. DATE OF DEATH: (Month) Dec (Day) 9, (Year) 19 52

5. SEX: female

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: March 21, 1881

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Henry Baldwin

14. MOTHER'S MAIDEN NAME: Mary Arringdale

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mary A Adams Lanham Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1
Immediate cause (a) Coronary occlusion — 30 min.
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Coronary insufficiency and — 10 yrs.
DUE TO
(170X)
(c) hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of left breast. — 3 yrs.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/9 ,19 49, to 12/9 , 1952, that I last saw the deceased alive on 10/6 , 1952, and that death occurred at 9:14 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) E. Brunner M.D. ADDRESS 2409 Vannum St DATE SIGNED 12/10/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Dec 12, 1952
NAME OF CEMETERY OR CREMATORY Cedar Bluff
LOCATION (City, town, or county) (State) Annapolis Md

DATE REC'D BY LOCAL REGISTRAR 12-11-52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F Gasch's Sons ADDRESS Hyattsville Md.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1453

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Laurel, MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince George's; LENGTH OF STAY (in this place) 3 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS 21 P. Office Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel, Md; STREET ADDRESS (If rural, give location) 21 - POST OFFICE AVE

3. NAME OF DECEASED (Type or Print): (First) SUSAN (Middle) B. (Last) STEIGER

4. DATE OF DEATH: (Month) Dec (Day) 8, (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: July 29, 1890

9. AGE last birthday: 62 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland Howard Co.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Le Page Crommiller

14. MOTHER'S MAIDEN NAME: Susan Benseman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Ogle Marbury Laurel, md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Glomerulo Nephritis — Interval Between Onset and Death: 4 days

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Contracture of - La Grippe - — 4 mo

(c) —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/1, 1952, to 12/8, 1952, that I last saw the deceased alive on 12/8, 1952, and that death occurred at 12:50 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W B Steiger — ADDRESS: 314 Compton ave Laurel Md — DATE SIGNED: 12/8/52

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE: 12/8/52 — NAME OF CEMETERY OR CREMATORY: Holy Sepulchre — LOCATION (City, town, or county): Oldenburg Road — (State): Md

DATE REC'D BY LOCAL REG.: DEC 8-52 — REGISTRAR'S SIGNATURE: M. Pasteure

24. FUNERAL DIRECTOR: Ridgley Selby — ADDRESS: 40 Washington Blvd Laurel, md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

DEC 10
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

1838

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie — LENGTH OF STAY (In this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 13 m o Chestnut

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bowie
STREET ADDRESS (If rural, give location) 13 m o Chestnut

3. NAME OF DECEASED (Type or Print): (First) Isaac (Middle) Clifton (Last) Thorne, Jr.

4. DATE OF DEATH: (Month) 12 (Day) 2 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Wid.

8. DATE OF BIRTH: 12-29-10

9. AGE last birthday: 41 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Chicken farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac Thorne

14. MOTHER'S MAIDEN NAME: Maggie Warren

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II

16. SOCIAL SECURITY NO.: 220-05-0155

17. INFORMANT AND ADDRESS: Father - Same address

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

490X

Immediate cause (a) Toxemia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Lobar Pneumonia

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

John D. Maloney M.D. Dep. Med. Exam. | Hyattsville, Md | 12-21-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 26 Dec 1952 | NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery | LOCATION (City, town, or county) (State): Arlington Va.

DATE REC'D BY LOCAL REG. 12-22-52 | REGISTRAR'S SIGNATURE: Amanda Mumley | 24. FUNERAL DIRECTOR: John T. Rhein & Co. | ADDRESS: 901 - 3rd St. SW

12-23-52 Mrs Eugene M. Yingling

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

#3494 Reg. Dist. No. 148231

1. PLACE OF DEATH:
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly, Md
LENGTH OF STAY (in this place) 1 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington Dc
STREET ADDRESS (If rural give location) 4938 Sargent Rd NE

3. NAME OF DECEASED: (Type or Print) (First) Gregory (Middle) Lee (Last) Jones
4. DATE OF DEATH: (Month) Dec (Day) 11, (Year) 19 52

5. SEX: M
6. COLOR OR RACE: N
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): —
8. DATE OF BIRTH: Nov 8, 1952
9. AGE last birthday: 5 weeks — IF UNDER 1 YEAR: Months | Days; IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): —
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stanley C Vance
14. MOTHER'S MAIDEN NAME: Nancy J Nelson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)
(If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Hospital Record Cheverly Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

15 min Immediate cause (a) Bronchopneumonia, bilateral
DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Interventricular Septal Defect
DUE TO
(c) Prematurity

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from / ..., 19..., to 12-11..., 19 52, that I last saw the deceased alive on 12-11..., 19 52, and that death occurred at 3:10 P.m., from the causes and on the date stated above.
SIGNATURE (Degree or title) ADDRESS DATE SIGNED
[illegible] MD 4532 Underwood St, Hyattsville, Md 12-13-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 12/13/52
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Suitland Md

DATE REC'D BY LOCAL REGISTRAR 12/18/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR ADDRESS
J Busch & Son Hyattsville Md

20X2171363

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the cause of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DEC 17 19
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14840

CERTIFICATE OF DEATH

Reg. Dist. No. 3465

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood Md
LENGTH OF STAY (in this place) 29 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3500 Varnum Street,.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Prince George's
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brentwood Md
STREET ADDRESS (If rural give location) 3500 Varnum Street,.

3. NAME OF DECEASED: (Type or Print) (First) Constant (Middle) (Last) Vidiger

4. DATE OF DEATH: (Month) Dec (Day) 13, (Year) 1952

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Divorced

8. DATE OF BIRTH: May 14, 1877

9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Butcher

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)

(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Elizabeth Flynn Brentwood Maryland.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) DUE TO Congestive Heart failure — Interval Between Onset And Death: 2 hrs.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO Arteriosclerotic Heart Disease — Interval Between Onset And Death: ?

(c)

420

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 10 ..., 1952, to Dec 13, 1952, that I last saw the deceased alive on Dec 10., 1952, and that death occurred at 2.30 P M, from the causes and on the date stated above.

SIGNATURE (Degree or title) Gordon W. Kelley, M.D. ADDRESS 6124-41st Ave. Hyatts. Md DATE SIGNED 12/15/52

23. BURIAL, CREMATION, REMOVAL (Specify) Cremation

DATE THEREOF Dec 16, 1952

NAME OF CEMETERY OR CREMATORY Cedar Hill

LOCATION (City, town, or county) (State) Suitland Maryland

DATE REC'D BY LOCAL REGISTRAR Dec 16 1952

REGISTRAR'S SIGNATURE James Reavy

24. FUNERAL DIRECTOR ADDRESS F. Gasch's Sons Hyattsville Maryland.

VS. A15

DEC

MARYLAND STATE DEPARTMENT OF HEALTH

14641

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Pr. George — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel; LENGTH OF STAY (in this place) 4 yrs; HOSPITAL OR INSTITUTION OR STREET ADDRESS 417 Gorman Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Geo.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel; STREET ADDRESS (If rural, give location) 417 Gorman Avenue

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) Rathwell (Last) Warner

4. DATE OF DEATH: (Month) Dec (Day) 12 (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Sept 5 1893

9. AGE last birthday: 59 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carbuilder

10b. KIND OF BUSINESS OR INDUSTRY: B & O Railroad

11. BIRTHPLACE (State or foreign country): Howard Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George C. Warner

14. MOTHER'S MAIDEN NAME: Mary Isabelle Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) & (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Mrs Blanche Warner Laurel Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma Liver — Interval Between Onset and Death: 4 mos

156.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral Haemorrhage — Interval Between Onset and Death: 1 yr

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): INJURY OCCURRED While at Work ☐ Not While At work ☐; HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-21, 1952, to 12/12, 1952, that I last saw the deceased alive on 12/12 1952, and that death occurred at 11 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] ADDRESS: 314 Comptan Laurel DATE SIGNED: 12/13/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 12/15/52; NAME OF CEMETERY OR CREMATORY: Ivy Hill Cemetery; LOCATION (City, town, or county) (State): Laurel, Maryland

DATE REC'D BY LOCAL REG.: Dec 15-52; REGISTRAR'S SIGNATURE: M. Brashears

24. FUNERAL DIRECTOR: W. W. Talbert Donaldson; ADDRESS: Laurel Md

MARYLAND STATE DEPARTMENT OF HEALTH

S 11842

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek — LENGTH OF STAY (In this place) 11 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Accokeek
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Vincent	Eugene	Washington	12	25	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday yrs.	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Colored	[illegible]	Oct 4, 1952		2			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
[illegible]		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Isaac Edwards	Marie Ellen Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No			Marie Washington, Accokeek Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Tetanus

491X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchopneumonia

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James S. Boyd	M D	Forestville Md	12/27/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	12/27/52	St. Mary's Pr. Geo. Co.	Md, Piscataway P.O. Rte.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec. 26-52	Howard I Beall	Robt. Campbell, 423-4½ St. SW.	

400239840 8

Hank, DC(581)

MARGIN RESERVED FOR BINDING

PLEASE—WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

SENT TO LOCAL ...
DATE
DEC

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1843

CERTIFICATE OF DEATH

Reg. Dist. No. 245

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-51

1. PLACE OF DEATH:
COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Hyattsville
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5103 43rd Ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5103 43rd Ave

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Thomas (Last) Watson

4. DATE OF DEATH: (Month) Dec (Day) 4 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 7, 1869

9. AGE last birthday: 83 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George C. Watson

14. MOTHER'S MAIDEN NAME: Suzanne Chandler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mrs Agnes J. Watson – wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
332 X Immediate cause	(a) Cerebral Thrombosis	3 mos.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Cerebral Arteriosclerosis	16 years
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 4 days

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 3, 1952 to Dec 4, 1952 that I last saw the deceased alive on Dec 3, 1952, and that death occurred at 5:20 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
Norman Donel Comeau M.D 3303 Perry St. Mt Rainier Md 12-4-52

BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF 12/6/52 | NAME OF CEMETERY OR CREMATORY Mt Hurst | LOCATION (City, town, or county) Washington D.C. (State)

DATE REC'D BY LOCAL REG. Dec 5 1952 | REGISTRAR'S SIGNATURE Jas Devere Deputy Local | 24. FUNERAL DIRECTOR E. Bosch & Son | ADDRESS Hyattsville Md

DEC 8 1952
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

14841

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) 8 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5005 Riverdale Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr.Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 5005 Riverdale Road

3. NAME OF DECEASED (Type or Print): (First) ELLEN (Middle) VICTORIA (Last) WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): December 16th, 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Sept 20/1862

9. AGE last birthday: 90 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Wilmington, N.C.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George V. Anderson

14. MOTHER'S MAIDEN NAME: Mary (Unknown) Whitfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs.L.B.Simpson, Daughter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Generalized Carcinomatosis

154X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Rectum (rectum)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1952, to Dec. 17, 1952, that I last saw the deceased alive on Dec 12, 1952, and that death occurred at 8:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A Dietz Wes. Hyattsville Md 12-17-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 12/19/1952
NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery
LOCATION (City, town, or county) (State): Colmar Manor. Pr.Geo.Md.

DATE REC'D BY LOCAL REG.: Dec 17, 1952
REGISTRAR'S SIGNATURE: James Berry

24. FUNERAL DIRECTOR: W.W.Chambers Company, Riverdale, Md.
ADDRESS

Charles Morris Gallaudet

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 14845

CERTIFICATE OF DEATH

Reg. Dist. No. 2181

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Cheverly Md
LENGTH OF STAY (in this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Lanham Hills,
STREET ADDRESS (If rural give location) 4803 W. Lanham Dr.

3. NAME OF DECEASED: (Type or Print) (First) Archie (Middle) (Last) Windsor

4. DATE OF DEATH: (Month) Dec (Day) 23, (Year) 1952

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: 30 Jan 1899

9. AGE last birthday: 53 yrs.
IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Standard Brands

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Windsor

14. MOTHER'S MAIDEN NAME: Rosa Tucker

15. WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) No
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Eva Windsor (Wife) same as # 2

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

241X

Immediate cause (a) Cerebral Hemorrhage DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis DUE TO

(c)

Interval Between Onset And Death: (a) 24 hours; (b) 7 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 17, 1952, to Dec 23, 1952, that I last saw the deceased alive on Dec 16, 1952, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Fredrick L. Sparrow MD ADDRESS 5 Dr. Hyattsville Md DATE SIGNED Dec 23/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 12/27/52

NAME OF CEMETERY OR CREMATORY Ft Lincoln

LOCATION (City, town, or county) Colmar Manor Md (State)

DATE REC'D BY LOCAL REGISTRAR 12-26

REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR J. Beardsone ADDRESS Hyattsville Md

1952

MARYLAND STATE DEPARTMENT OF HEALTH

14846

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 140

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco
LENGTH OF STAY (In this place) 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P G
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aquasco
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Michael (Middle) (Last) Woodland

4. DATE OF DEATH: (Month) Dec (Day) 15 (Year) 195[illegible]

5. SEX: male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: June 27, 1952

9. AGE last birthday: [illegible] yrs. If under 1 year: [illegible] Days 178 | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Woodstock VA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Farn Woodland

14. MOTHER'S MAIDEN NAME: Henrietta Dowden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Henrietta Dowden, Aquasco, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchopneumonia

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE [illegible] (Degree or title) M.D ADDRESS Forestville, Md DATE SIGNED 12-15-52

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE THEREOF 12-17-52 | NAME OF CEMETERY OR CREMATORY St Mary | LOCATION (City, town, or county) (State) Brandywine Md

DATE REC'D BY LOCAL REG. 12/15/52 | REGISTRAR'S SIGNATURE [illegible] | 24. FUNERAL DIRECTOR [illegible] ADDRESS Waldorf Md

9V6299V99V Billingsley

VS. A15A

COPY SE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

14847
Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

T

1. PLACE OF DEATH:
COUNTY Prince George — MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN Cheverly
LENGTH OF STAY (in this place) 3 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 4106 Emerson St.

3. NAME OF DECEASED: (Type or Print) (First) Raymond (Middle) (None) (Last) Yeatman

4. DATE OF DEATH: (Month) Dec. (Day) 6 (Year) 1952

5. SEX: male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): (Baby)

8. DATE OF BIRTH: March 27 1951

9. AGE last birthday: 1 yrs. IF UNDER 1 YEAR: Months 8 Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): (Baby)

10b. KIND OF BUSINESS OR INDUSTRY: NONE

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: MARTIN LUTHER YEATMAN

14. MOTHER'S MAIDEN NAME: HELEN McFADDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service) NONE

16. SOCIAL SECURITY No.: NONE

17. INFORMANT & ADDRESS: MARTIN L. YEATMAN - 4106 EMERSON ST HYATTSVILLE MD

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

391.2
Immediate cause (a) Purulent leptomeningitis (organism undetermined)

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Otitis Media (left)

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 25 19 ✓✓, to Dec 6 19 ✓✓, that I last saw the deceased alive on Dec. 6 19 ✓✓, and that death occurred at 3 30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Irvin H. Grossgreen M.D. 2503 Queen Chapel Rd Mt Rainier Md

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Dec. 9/1952 — NAME OF CEMETERY OR CREMATORY Washington Natl Cem. — LOCATION (City, town, or county) (State) Suitland, P.G. Co. Md.

DATE REC'D BY LOCAL REGISTRAR Dec 8 1952 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS W. W. Chambers Co - Riverdale Md

VS. A15

RECEIVED
DEC 14 1971
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

14848

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16A

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
LENGTH OF STAY in this place 10 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Samuel	Julius	Young	12	9	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Married	June 22/ 73	79 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Manufacturing	Retired	Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JOHN A. YOUNG	MARGARET VANSANT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	215-07-5196A	Samuel J. Young, Baltimore, Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
177X Immediate cause (a) Toxemia and exhaustion	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of the prostate	
(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Dedember 1952	Carcinoma of the prostate	Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
m.		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Samuel J. Young	M. D.	Forestville, Md.	12/9/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	12-13-52	Lorraine Cem	Balto. Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Dec 10-52	Edna F. Collins	The Alt Bros Co.	2901-14th st Wash, DC

RECEIVED
DEC 15
BUREAU V. S